

Page 1 of 2

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APPLICATION NUMBER

FILING OR 371 (c) DATE

FIRST NAMED APPLICANT

ATTORNEY DOCKET NUMBER

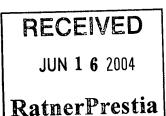
10/813,362

03/30/2004

Christian Mueller

ITC-335US

23122 RATNERPRESTIA P O BOX 980 VALLEY FORGE, PA 19482-0980



CONFIRMATION NO. 4981 FORMALITIES LETTER OC000000012941618*

Date Mailed: 06/14/2004

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below. however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is \$65 for a Small Entity

\$65 Late oath or declaration Surcharge.

Replies should be mailed to:

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P.O. Box 1450

07/20/2004 AWDNDAF1 00000002 10813362

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A copy of this notice <u>MUST</u> be returned with the reply.

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PART 2 - COPY TO BE RETURNED WITH RESPONSE

PTO/SB/17 (10-03) (AW 12/2003)
Approved for use through 7/31/2006. OMB 0651-0032
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OIP F FFE TRANSMITTAL	Complete if Known						
	Application Number	0/813,362					
	Filing Date	March 30, 2004					
JUL 1 9 2004 W TOFFY ZUU4 pective 10/01/2003. Patent fees are subject to annual revision.	First Named Inventor	First Named Inventor Christian Mueller					
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	2052					
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	858					
TOTAL AMOUNT OF PAYMENT (\$) 65	Attorney Docket No. ITC-335US						
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)						
☐ Check ☐ Credit Card ☐ Money ☐ Other ☐ None	3. ADDITIONAL FEES Large Entity Small Entity						
Order Deposit Account (use as backup only):	Fee Fee Fee Fe Code (\$) Code (\$	Fee Description Fee					
Deposit	1051 130 2051 6						
Account 18-0350 Number	1052 50 2052 2						
Deposit Account RatnerPrestia	1053 130 1053 13	cover sheet. Non-English specification					
Name The Director is outhorized to: (about all that apply)	1812 2,520 1812 2,5	<u> </u>					
The Director is authorized to: (check all that apply) Charge fee(s) indicated below	1804 920* 1804 92						
 ☑ Credit any overpayments ☑ Charge any additional fee(s) or any underpayment of fee(s) 	1805 1,840° 1805 1,8	Examiner action 40* Requesting publication of SIR after					
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1251 110 2251 5	Examiner action					
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FEE CALCULATION	1253 950 2253 47	, ,					
BASIC FILING FEE Large Entity Small Entity	1254 1,480 2254 74						
Fee Fee Fee Fee Description	1255 2,010 2255 1,0						
Code (\$) Code (\$) Fee Pald 1001 770 2001 385 Utility filing fee	1401 330 2401 16						
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1003 530 2003 265 Plant filing fee	1403 290 2403 14						
1004 770 2004 385 Reissue filing fee	1451 1,510 1451 1,5	· · · · · · · · · · · · · · · · · · ·					
1005 160 2005 80 Provisional filling fee	1452 110 2452 5	· · · · · · · · · · · · · · · · · · ·					
SUBTOTAL (1) (\$) 0	1453 1,330 2453 66	-					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501 1,330 2501 66						
Extra Fee from Fee Claims below Paid	1502 480 2502 24	,					
Total Claims20** = X = 0	1503 640 2503 32						
Independent Claims -3** = 0 X = 0	1460 130 1460 13	:					
Multiple X = 0	1807 50 1807 50						
Dependent ^	l l	` '"					
Fee Fee Fee		Pagerding each retent environment and					
Code (\$) Code (\$) Fee Description 1202 18 2202 9 Claims in excess of 20	8021 40 8021 40	property (times number of properties)					
1202 16 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809 770 2809 38	5 Filing a submission after final rejection (37 CFR § 1.129(a))					
1203 290 2203 145 Multiple dependent claim, if not paid	1810 770 2810 38	5 For each additional invention to be					
1204 86 2204 43 *** Reissue independent claims over original patent	1801 770 2801 38	examined (37 CFR § 1.129(b)) 5 Request for Continued Examination (RCE)					
1205 18 2205 9 ** Reissue claims in excess of 20 and	1802 900 1802 90						
over original patent		application					
SUBTOTAL (2) (\$) 0	Other fee (specify) *Paduced by Pacie Filips Fee Peid						
**or number previously paid, if greater; For Reissues, see above	**or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 65						
SUBMITTED BY	SUBMITTED BY Complete (if applicable)						
Name (Print/Type) Lawrence E. Ashery Begistration No. Attorney	y/Agent) 34,515	Telephone (610) 407-0700					
Signature Review (hen	Date July 15, 2004					

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PTO/SB/21 (04-04) (AW 06/2004)
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		Application Number	10/813,362				
UL 19	TRANSMITTAL TOPM		Filing Date	March 30, 2	2004		
וטוב ויש	FORM		First Named Inventor	Christian M	ueller		
(to be used for all correspondence after initial filing)		Art Unit	2858				
RADE	A A A A A A A A A A A A A A A A A A A		Examiner Name				
(Total Number of Pages in This Submission		Attorney Docket No.	ITC-335US			
		NCLOSU	RES (Check all that	apply)			
	Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/Declaration(s) Extension of Time Request Express Abandonment Request	Lice Pet Pro Pro Cha Ado	wing(s) ensing-related Papers ition ition to Convert to a visional Application wer of Attorney, Revocation ge of Correspondence lress minal Disclaimer		After Allowance Communication to Technology Center (TC) Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please		
	Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53		Number of CD(s)	-	identify below): copy of Formalities Letter		
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT							
Firm o Individ Name Signat Date	ual Lewrence E. Ashery		Registration No. (Atto				
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